



Marshall Space Flight Center Conference and Training Activity Evaluation

Employee Name:	Organization Code:	Was this course/conference requested on your IDP? <input type="checkbox"/> Yes <input type="checkbox"/> No
Training Activity/Conference Title:	Training Activity/Conference Date(s):	

The MSFC Office of Human Capital (OHC) strives to deliver meaningful programs for our customers. This evaluation is required to establish quantitative measures of training programs offered and to maintain an accurate record of employees participating in and attending training activities and conferences. OHC is required by the Office of Personnel Management (5 U.S.C 41) to record and document employee attendance at government sponsored training activities.

Please complete this form and submit to (HS40) within five (5) working days upon completion of the training or conference/training activity to receive proper credit in your training history. Completion of this form certifies you completed at least 80% of this conference/training activity. Upon receipt of this form, HS40 will update your official training history. Please note, if this form is not received by HS40, your training history will not reflect your participation in this conference/training activity. If this activity involved 80 hours or more of training and this form is not received by HS40, you may be required to reimburse the government for training costs incurred.

Please rate your instructor/led or presenter-led training activity by checking the appropriate box.

Evaluation Elements	Strongly Agree	Agree	Disagree	Strongly Disagree	Neither Agree or Disagree
1. The instructor/conference presenters were knowledgeable of the course/conference content.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The sequence of the course/conference content presented contributed to better understanding of the content.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The length of the course/conference was appropriate to cover the content and meet the course/conference objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Tests and/or assignments were schedule with adequate lead time and achievable deadlines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The physical environment was conducive to learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I learned new knowledge/skills from my participation in this course/conference.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I am confident in my ability to apply the knowledge/skills learned from the course/conference.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. An increase in my level of effectiveness/efficiency will result from knowledge/skills learned from my participation in this course/conference.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. What will most likely enable you to apply knowledge/skills learned from this program? (Knowledge and understanding of systems and processes within your organization, support from management/colleagues, etc.)					
10. What will most likely prevent you from applying the knowledge/skills learned from this course/conference? (Insufficient knowledge and understanding, lack of confidence to apply knowledge/skills learned, lack of support from management/colleagues, etc.)					
11. Please provide any additional comments as to how we can improve your overall learning experience:					